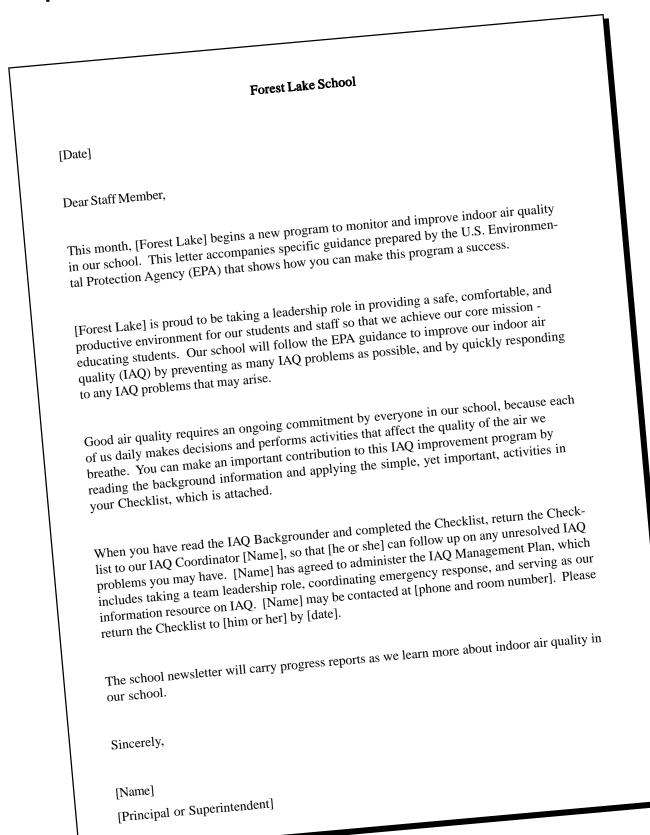
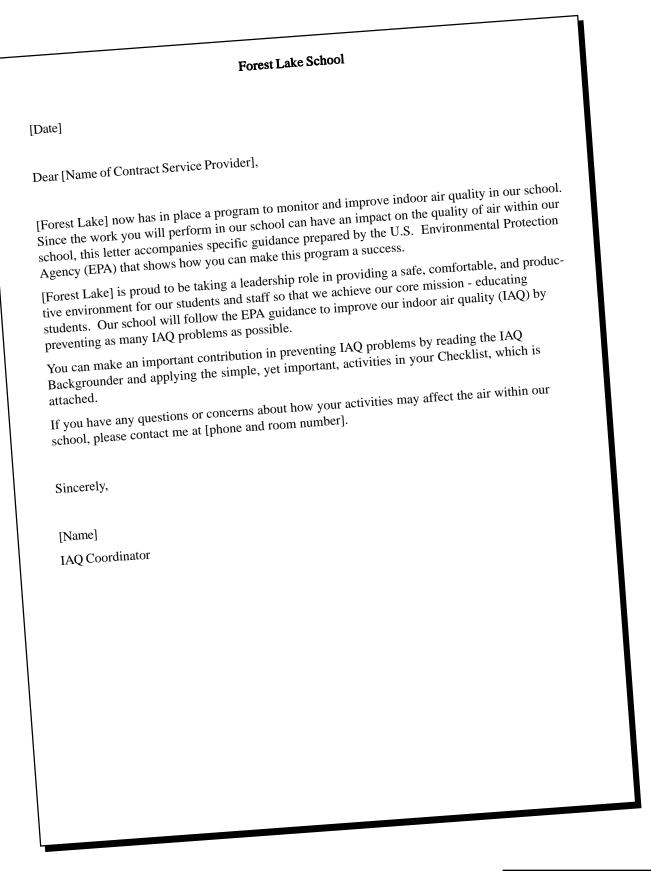
# Sample Memo for School Staff



## Sample Memo for Parents

## Forest Lake School [Date] Dear [Parent]: This month, [Forest Lake] begins a new program to improve indoor air quality in our school. [Forest Lake] is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission educating students. Our school will follow the EPA guidance to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible, and by quickly responding I thought that you would be interested in what we are doing, so with this letter I have enclosed a copy of the IAQ Backgrounder, which is part of the EPA guidance that we are using in our school. Not only is this basic information useful to schools, you may also find it useful for application in your own home, which is where most people spend most of their [Name] has agreed to administer the IAQ program for our school. [Name] may be contacted at [phone and room number]. If you have any questions or concerns, please do not hesitate The school newsletter will carry progress reports as we learn more about indoor air quality in Sincerely, [Name] [Principal or Superintendent]

# Sample Memo for Contract Service Providers



# Sample Memo for Local News Media

## Forest Lake School

[Date]

Dear [Local News Media Person]:

This month, [Forest Lake] begins a new program to improve indoor air quality in our school. [Forest Lake] is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission educating students. Our school will follow the EPA guidance to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible, and by quickly responding to any IAQ problems that may arise.

As a prominent source of information on events in our local area, you can be helpful in assuring that timely and accurate information regarding IAQ in our school reaches the parents of students and other concerned constituents. I have enclosed a copy of the IAQ Backgrounder, which is one part of a package which the staff in our school has received.

If you have any questions regarding IAQ in our school, please contact our IAQ Coordinator [Name]. [Name] has agreed to administer the IAQ Management Plan, which includes taking a team leadership role, coordinating emergency response, and serving as our information resource on IAQ. [Name] may be contacted at [phone]. Sincerely,

[Name]

[Principal or Superintendent]

## Activating the IAQ Management Plan

IAQ Coordinator	School	Date Complete
Use the checklist below to record and	l monitor the steps you have ta	ken to activate the IAQ Management Plan.
Steps Taken	Date	Comments/Notes
1. IAQ Coordinator Selected		·————— <del>·</del> ———————
Name:		
2. Guidance Read		
3. Administrative Support Obtained		
4. Requested Additional Information on Rade		
•		
5. Requested Additional Information on Integrated Pest Management		
an want		
6. Requested Additional Information on Lead		
7. IAQ Checklist Interval Established		
# of times each year:		
Dates:		
Dates.		

### Activating the IAQ Management Plan (page 2)

Date	Comments/Notes
	Date

### IAQ Coordinator's Checklist

<u>Other</u>

	Coordinator se the checklist below to record and monitor	School the steps you have	Date Completed taken to implement the IAQ Management Plan.
_	Steps Taken	Date	Comments/Notes
— 1.	Start Action Packets Log	- - <del></del>	
<u> </u>	Distribute Action Packets		
	All appropriate people have received an Action Packet		
	Each Action Packet type has been distributed		
3.	Receive and Summarize IAQ Checklists		
	Receive all IAQ Checklists		
	Review IAQ Checklists		
	Transfer data to Checklists Log		
	List things to review during walk-through inspection		
4.	RenformWelltitrough withwelltitroughcheddist		
<u> </u>	Assess Radon Status		
	Testing completed		
	Control system installed (if needed)		
	Control system properly operating		
6.	Assess Pest Control		
— 7.	Assess Lead Status		
<b>8</b> .	Identify Recent Changes		
<u> </u>	Flooding/water damage		
<u> </u>	Night or weekend classes		
$\Box$	New staff	_L_J	

## IAQ Coordinator's Checklist (page 2)

	Steps Taken	Date	Comments/Notes
9.	Set Repair and Upgrade Priorities		
	Make to-do list		
10.	Gain Approval for Repairs and Upgrades		
	Distribute Status Report		
<u></u>	Perform Repairs and Upgrades		
13.	Conduct Follow-up Inspections	- — — — — — — .	
 14.	Develop Calendar of IAQ Events	- — — — — — — — .	
	Set next date for applying IAQ checklist		
_0	Note upcoming renovation and repairs		
	Note future addition of staff		
15.	Assess Problem Solving Performance		
16.	Establish and Update IAQ Policies		
<sup>-</sup> 17.	Distribute Final Report		
	Students and staff	- — — — — — — -	
	Parents	- — — — — — — -	
	School administration	- — — — — — — -	
18.	Check Contacts List		
	. — — — — — — — — — — — — — — —		
19. 	File Checklists, Reports, and Notes	- — — — — — — .	

## **Checklists Log**

IAQ Coordinator —					Sch	ool			
	Use this log to keep track of who has received a Checklist, who has returned their Checklist(s), unresolved problem(s) dentified in the Checklist(s), who solved the problems, and when.								
This log can also be use providers, and local med		ribution	of infor	matio	n to pare	nts, schoo	ol board men	nbers, contract ser	vice
			Type of Che	cklist(s) Di	stributed				
						\ \{\bar{\}}			
Person Receiving Checklist	Location or Room#				The second secon	Date nt Received	Problems Require Follow-up	Follow-up Delegated To	Date Completed
							□ Yes □ No		
							☐ Yes		
							☐ Yes☐ No		
			1-1			-	Yes No		
		<u> </u>	1- -	-		-+			
			1-1	-			☐ Yes ☐ No		
			1-1			-	→ Yes  □ No		
		<u> </u>	1-1	-	- -	-	→ — — — — Yes	_ — — — — -	
		-	1-1	-	- -	-+	□ No □ Yes □ No	_ — — — — -	
			†	-		-	Yes □ No		
		-+-	1	-		-	Yes		
			1-1	-		_	☐ Yes		
		_+-	1- -	-		-+	No		
		<u> </u>	1	-			No □ Yes □ No		
		<u> </u>	<del>                                     </del>	-		_	☐ Yes		
		<b>-</b>	1	- † -	- -	-+	□ No □ Yes		
			1	-		-	□ No □ Yes		

☐ Yes☐ No☐ Yes☐ No

### **Local IAQ Service Providers List**

Hazardous Materials Hotline  TRM  CONTACT  TITLE  DAERGERCY  FROM  CONTACT  FROM		<del>1</del>		<del> </del>	•
Hotline  Local Health Department  FIRM  CONTACT  PHONE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  THEM  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  TITLE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  TITLE  ADDRESS  TITLE  TITLE  THEREFERICY	Hazardous	FIRM	CONTACT	PHONE	ADDRESS
Local Health Department    Time	Materials Hotline		TITLE	EMERGENCY	
Department   IIILE   PARRECENCY	Local	FIRM	CONTACT	PHONE	ADDRESS
State Health Department  FIRM  CONTACT  PHONE  ADDRESS  FIRM  CONTACT  PHONE  ADDRESS  FIRM  CONTACT  PHONE  ADDRESS  ADDRESS  TITLE  MERGENCY  FIRM  CONTACT  PHONE  ADDRESS  ADDRESS  TITLE  MERGENCY  FIRM  CONTACT  PHONE  ADDRESS  ADDRESS  TITLE  MERGENCY  FIRM  CONTACT  PHONE  ADDRESS  TITLE  MERGENCY			TITLE	EMERGENCY	
Department     III	State	FIRM	CONTACT	PHONE	ADDRESS
Carpet Cleaner  TITLE  MERGENCY  FIRM  CONTACT  PHONE  ADDRESS  TITLE  MERGENCY  FIRM  CONTACT  PHONE  ADDRESS  TITLE  MERGENCY  ADDRESS  TITLE  MERGENCY  TITLE  MERGENCY  ADDRESS  TITLE  MERGENCY  TITLE  MERGENCY  ADDRESS  TITLE  MERGENCY			TITLE	EMERGENCY	
Cleaner  FIRM  CONTACT  PHONE  ADDRESS  TITLE  Mechanical Systems Operator  FIRM  CONTACT  PHONE  ADDRESS  ADDRESS  ADDRESS  TITLE  EMERGENCY  TITLE  EMERGENCY  FIRM  CONTACT  PHONE  ADDRESS  TITLE  EMERGENCY		FIRM	CONTACT	PHONE	ADDRESS
TITLE EMERGENCY  Mechanical Systems Operator  FIRM CONTACT PHONE EMERGENCY  TITLE EMERGENCY  ADDRESS  TITLE EMERGENCY  TITLE EMERGENCY  ADDRESS  TITLE EMERGENCY  TITLE EMERGENCY  TITLE EMERGENCY  ADDRESS  TITLE EMERGENCY  TITLE EMERGENCY  TITLE EMERGENCY	Cleaner		TITLE	EMERGENCY	
Consultant     TITLE     EMERGENCY       Mechanical Systems Operator     FIRM     CONTACT     PHONE     ADDRESS       FIRM     CONTACT     PHONE     ADDRESS       TITLE     EMERGENCY       FIRM     CONTACT     PHONE     ADDRESS       TITLE     EMERGENCY       TITLE     EMERGENCY		FIRM	CONTACT	PHONE	ADDRESS
Mechanical Systems Operator     TITLE     EMERGENCY       FIRM     CONTACT     PHONE     ADDRESS       TITLE     EMERGENCY       FIRM     CONTACT     PHONE     ADDRESS       TITLE     EMERGENCY			TITLE	EMERGENCY	
Operator     ITTLE     EMERGENCY       FIRM     CONTACT     PHONE     ADDRESS       FIRM     CONTACT     PHONE     ADDRESS       TITLE     EMERGENCY	Mechanical	FIRM	CONTACT	PHONE	ADDRESS
TITLE EMERGENCY  FIRM CONTACT PHONE ADDRESS  TITLE EMERGENCY	Systems Operator		TITLE	EMERGENCY	
FIRM CONTACT PHONE ADDRESS  TITLE EMERGENCY		FIRM	CONTACT	PHONE	ADDRESS
TITLE EMERGENCY			TITLE	EMERGENCY	
		FIRM	CONTACT	PHONE	ADDRESS
FIRM CONTACT PHONE ADDRESS			TITLE	EMERGENCY	
		FIRM	CONTACT	PHONE	ADDRESS
TITLE			TITLE	EMERGENCY	
FIRM CONTACT PHONE ADDRESS		FIRM	CONTACT	PHONE	ADDRESS
TITLE EMERGENCY			TITLE	EMERGENCY	

### **Problem Solving Checklist**

Use this Checklist with the IAQ Problem Solving Wheel to resolve a single IAQ complaint, or several complaints occurring at the same time that seem related. Mark a copy of the fire escape floorplan or use other means of recording and reviewing information. Since this Checklist becomes a record of your activities in resolving an IAQ complaint(s), date it and file it for future reference. Involve additional staff, such as engineers, during the problem solving process.

IAQ Coordinator		
School		

#### **Complaint Data**

Record complaints below at the beginning of your problem solving process. Interview the complainant(s) to get a complete and accurate description of the complaint symptoms, times, and locations.

Complainant Name	Date Received	Description of Complaint (symptoms or explanation)	Location(s) or Room Number(s)	Is Problem Ongoing?	Occurence Date(s) & Time(s)
				$\square_{\mathrm{Y}}$	
				<u> </u>	
				$\square_{\mathrm{Y}}$	
				<u> </u>	
				$\square_{\mathrm{Y}}$	
				<u> </u>	
				$\square_{\mathrm{Y}}$	
				<u> </u>	
				$\square_{\mathrm{Y}}$	
				$\Box_{\mathrm{N}}$	
				ΠY	
				<u> </u>	
				$\square_{\mathrm{Y}}$	
				<u> </u>	
				$\square_{\mathrm{Y}}$	
				<u> </u>	
				$\square_{\mathrm{Y}}$	
				<u> </u>	

#### **Problem Solving Steps**

Follow the directions on the IAQ Problem Solving Wheel to investigate potential causes of the symptoms recorded above. Use the steps below to help keep your investigation organized and documented.

Step	Date Completed	Notes
Relate the symptoms from the complaint data box to a group of symptoms in the Notes column to the right		<ul> <li>□ Odors</li> <li>□ Temperature or humidity problems (occupant discomfort)</li> <li>□ Headache, lethargy, nausea, drowsiness, and dizziness</li> <li>□ Swelling, itching, or irritated eyes, nose, or throat; congestion</li> <li>□ Cough; congestion; chest tightness; shortness of breath; fever; chills and/or fatigue</li> <li>□ Diagnosed infection or clusters of serious health problems</li> </ul>

Step	Do	ate Comp	leted		Note	S	
2. Is this an emergency?  Yes No See the Wheel sectors "Identifying an emergency" and "What to do in an emergency"				Actions Taken:	☐ Evacuation	☐ Notification	☐ Other:
<b>3.</b> Place a checkmark next to the potential causes Step 4 below that are shown at 2 on the Wheel							
<b>4.</b> Each section below corresponds to a section of you perform. Three spaces are provided below than one location or piece of equipment. Make may not apply to your building.	ror eacr	i diagn	OST1C	step to allow y	ou to recora 11	nformation for	more
Step	location locati	npleted ( if more t ion or pie nent is inv	than o	ne	No	tes	
	1	2	3	I			
<ul> <li>□ Temperature &amp; Humidity</li> <li>■ Is thermostat properly set?</li> <li>■ Is air flowing from the vent warm (for heat) or cool (for air conditioning)?</li> <li>■ Are drafts or direct sunlight causing discomfort?</li> <li>■ Is humidity too high or low (best if between 30-60% rel. humidity)?</li> <li>■ Is condensation often present on windows or other cold surfaces?</li> <li>■ Is there an objectionable odor?</li> <li>□ Outdoor Air Supply</li> <li>■ Is ventilation system turned on?</li> <li>■ Is outdoor intake blocked?</li> <li>■ Are supply vent(s) blocked?</li> <li>■ Is air flowing from supply vent(s)?</li> <li>■ Is air flowing into outdoor intake?</li> <li>■ Are outdoor air or supply ducts blocked?</li> <li>■ Is outdoor air supply at least 15 cfm per person?</li> <li>■ Is CO₂ in the area higher than 1000 ppm?</li> <li>□ Air Handling Unit</li> <li>■ Is the system turned on?</li> <li>■ Is the filter(s) clean &amp; properly installed?</li> <li>■ Are dampers operating properly?</li> <li>■ Is there moisture, debris or microbial growth in or around the unit?</li> <li>■ Is the drain pan clean &amp; draining?</li> <li>■ Are the coils clean?</li> <li>■ Is combustion equipment properly vented (no flue leaks, spillage, or backdrafting)?</li> </ul>							

Step				Notes
	equipii ]	2	3	
<ul> <li>□ Local Exhaust</li> <li>■ Does exhaust turn on?</li> <li>■ Is the exhaust used when needed?</li> <li>■ Is air flowing out the exhaust vent?</li> <li>■ Is exhaust duct work blocked?</li> <li>■ Is a sufficient amount of air being exhausted?</li> <li>■ If everything works, but not enough air is being exhausted, can make up air easily enter the room (e.g., through spaces under doors)?</li> </ul>		-		
<ul> <li>□ Biological Sources</li> <li>■ Are animals or fungi (mold) present?</li> <li>■ Is there an odor of mold or mildew in or near the complaint area?</li> <li>■ Is there standing water near the complaint area or in the air handling unit?</li> <li>■ Is condensation often present on window or cold surfaces?</li> <li>■ Is indoor relative humidity above 60%?</li> <li>■ Are contagious occupants present?</li> <li>□ Housekeeping Sources</li> <li>■ Do complaints occur during or just after housekeeping activities?</li> <li>■ Do housekeeping activities take place near the complainants?</li> <li>■ Are any new products in use?</li> <li>■ Are housekeeping products being used according to directions?</li> <li>■ Are products stored in sealed containers or in</li> </ul>				
<ul> <li>a vented room(s)?</li> <li>Outdoor Sources</li> <li>Are sources of odor or pollutants (e.g., vehicles, stored chemicals, trash, plumbing vents) located near outdoor air intakes?</li> <li>Are there sources nearby or upwind:         <ul> <li>Combustion byproducts from traffic, loading docks, or flue exhausts?</li> <li>Industrial, agricultural, or lawn care activity?</li> <li>Construction activity?</li> </ul> </li> <li>Are pollen levels high?</li> <li>Building Sources</li> <li>Has there been recent painting,roofing, or other remodeling or construction?</li> <li>Were pesticides applied recently near the complaint area?</li> <li>Are new furnishings or equipment in place?</li> <li>Are drain traps dry?</li> <li>Are chemicals stored in poorly sealed containers?</li> </ul>				

Step	Date Completed	Notes
<b>5.</b> Repeat all diagnostics for each potential cause in all affected locations.		
<b>6.</b> If the diagnostics for the recommended potential causes did not identify the problem(s), investigate remaining potential causes in Step 4 until the cause(s) of the complaint(s) are identified and corrected.		
<b>7.</b> If problem remains unidentified or uncorrected, obtain professional assistance.		Company: Person: Phone:
<b>8.</b> Provide notice if problem is not quickly resolved.		☐ Notice to Occupants ☐ Notice to parents of minors
<b>9.</b> Problem resolved and preventive measures taken.		Describe solution:
		☐ Preventive measures taken:
<ul><li>10. Provide a final report.</li><li>11. To prevent future problems implement an IAQ Management Plan.</li></ul>		☐ Final report to occupants ☐ Final report to parents of minors
<b>12.</b> File this Checklist and related information.	-	☐ Done